

Prepared By	Initials	Date
Approved By		

**ENTRANCE QUESTIONNAIRE (SR 2-WP)**

PROVIDER NAME:	RESPONDENT	PROGRAM NUMBER:	PROGRAM AUDIT DATE:
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1. Date/Time:	Audit Period:
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2. Location:	
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3. CDSS Auditors:	
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4. Provider Staff:	Title:
	Title:
	Title:
	Title:

  

5. How many programs does the corporation operate? (FFAs, schools, other GHs, etc.)	
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6. Describe primary services/activities of this program:	
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7. Describe major sources of funding specific to this program (include source/type of offsets): Are recent fiscal year financial statements available?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
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8. a. Organizational chart available?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
b. Who are the 1st line supervisors and where do they work? _____ _____				
c. Does the program have staff performing multiple functions? (e.g., works half-time in administration, half-time as child care worker, etc.)	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
d. Who are the multiple function people? _____ _____				

  

9. PAYROLL SYSTEM				
a) How do you monitor points? _____				
b) Who prepares payroll? _____				
c) How often are employees paid? _____				
d) What is the standard workweek? (e.g., Sun - Sat) _____				
e) Hourly pay scale range? (CCS, SW, MH) _____				
f) Salary pay scale range? (CCS, SW, MH) _____				
g) Pay codes available? (funding source AFDC-FC and Non AFDC-FC and job titles) .....	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
h) Any in-kind payments? (e.g., room and board). ....	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
i) Is there a pay differential for different shifts? .....	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
j) Do any staff volunteer hours? .....	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>

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10. CHILD CARE AND SUPERVISION:

- a) How do you document CCS hours and what is your established procedure?  
(who prepares, when prepared, how checked for accuracy)
- b) How do you determine and document weighting? (experience and education)
- c) How do you verify CCL requirements for CCS staff? (FPs, ASSOCIATION, FBI, CAI, etc)
- d) Training logs kept? ..... ☐ YES ☐ NO
- e) Trainer expenses paid by Provider? ..... ☐ YES ☐ NO
- f) CCS salary paid by Provider? ..... ☐ YES ☐ NO

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11. SOCIAL WORK ACTIVITIES:

NAME	PROFESSIONAL LEVEL	TYPE OF SERVICE PROVIDED	HOW ARE SERVICES PAID? (CONTRACT, PAYROLL, OTHER)
a)			
b)			
c)			
d)			
e)			

12. MENTAL HEALTH SERVICES:

NAME	PROFESSIONAL LEVEL	TYPE OF SERVICE PROVIDED	HOW ARE SERVICES PAID? (CONTRACT, PAYROLL, OTHER)
a)			
b)			
c)			
d)			
e)			

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13. ARE YOUR PROGRAMS AUTOMATED? ☐ YES ☐ NO

IF YES, WHAT TYPE OF AUTOMATED PROGRAM DO YOU USE?